

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
APPLICATION FOR HEALTH PERMIT/INSPECTION
BODY ART – MOBILE FACILITY**

2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406 – (806) 781-5544

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DEPARTMENT BEFORE OPERATING.**

OWNER NAME _____ DATE _____

BUSINESS NAME _____ VEHICLE LICENSE _____

FACILITY PARKING _____ BUSINESS
LOCATION _____ PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

BUSINESS
MAILING ADDRESS _____ CITY _____ ZIP _____

CIRCLE TYPE OF SERVICES: TATTOO BODY PIERCING BRANDING PERMANENT COSMETICS

SIGNATURE OF APPLICANT _____

PRINTED NAME: _____

BODY ART PRACTITIONERS

PRACTITIONER NAME:		REGISTRATION #:	
PRACTITIONER NAME:		REGISTRATION #:	
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**IF A PRACTITIONER PERFORMS BODY ART IN A VEHICLE IN SAN LUIS OBISPO COUNTY FOR MORE THAN SEVEN
DAYS IN A 90-DAY PERIOD, A HEALTH PERMIT FOR A MOBILE BODY ART FACILITY IS REQUIRED, IF OPERATING
LESS THAN SEVEN DAYS IN A 90-DAY PERIOD, THE VEHICLE SHALL BE TREATED AS A TEMPORARY FACILITY AND
WOULD NEED A TEMPORARY BODY ART FACILITY PERMIT.**

**PERSONS PERFORMING BODY ART MUST BE REGISTERED BODY ART PRACTITIONERS.
PROVIDE COPIES OF PRACTITIONER REGISTRATION WITH THIS APPLICATION.**

DO NOT WRITE BELOW THIS LINE

RECORD ID # _____ FACILITY ID# _____ PROGRAM # _____ ELEMENT _____

AMOUNT DUE _____ () PAID _____ () STILL OWES _____

() CASH () CHECK # _____ () CC AUTH # _____ INITIALS _____ DATE _____

PERMIT EXPIRATION DATE SET TO _____

PERSONS PERFORMING BODY ART HAVE CURRENT REGISTRATION: YES NO

APPROVED TO ISSUE PERMIT: YES NO APPROVED BY: _____ , EHS